Law Offices

# BLOOSTON, MORDKOFSKY, DICKENS, DUFFY & PRENDERGAST, LLP

2120 L STREET, NW WASHINGTON, DC 20037

**AFFILIATED SOUTH AMERICAN OFFICES** 

HAROLD MORDKOFSKY BENJAMIN H. DICKENS, JR. JOHN A. PRENDERGAST GERARD J. DUFFY RICHARD D. RUBINO MARY J. SISAK D. CARY MITCHELL

(202) 659-0830 FACSIMILE: (202) 828-5568 ESTUDIO JAUREGUI & ASSOCIATES
BUENOS AIRES, ARGENTINA

EUGENE MALISZEWSKYJ ENGINEERING CONSULTANT

June 30 2015

ARTHUR BLOOSTON 1914-1999

SALVATORE TAILLEFER

writer's contact information sta@bloostonlaw.com 202-828-5562

## **REDACTED - FOR PUBLIC INSPECTION**

### VIA HAND DELIVERY

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12<sup>th</sup> Street, S.W. Washington, DC 20554

RE:

Form 481 – Carrier Annual Reporting Data Collection, 2015

WC Docket No. 14-58

Dear Ms. Dortch:

Pursuant to sections 54.313(i) and 54.422(c) of the Commission's Rules, <sup>1</sup> MoKan Dial, Inc. (the Company) hereby submits a copy of its "FCC Form 481 – Carrier Annual Reporting Data Collection Form," as filed with the Universal Service Administrative Company. A copy is also being submitted to the appropriate state regulatory commission and tribal government, as further required by sections 54.313(i) and 54.422(c).

Pursuant to the Protective Order adopted by the Commission in this proceeding,<sup>2</sup> the Company requests confidential treatment for the financial information included in its report, as required by §54.313(f)(2), on the grounds that it is commercially sensitive information that is not normally released to the public. The Company also requests confidential treatment for its

<sup>147</sup> CFR §§54.313 and 54.422.

<sup>&</sup>lt;sup>2</sup> In the Matter of Connect America Fund, et al., PROTECTIVE ORDER, WC Docket No. 10-90, et al., DA 15-712, released June 17, 2015.

Progress Report on the Five Year Service Quality Plan pursuant to sections 0.457 and 0.459 of the Commission's Rules. A letter in support of the Company's request is attached hereto.

In accordance with the Protective Order and the Commission's rules, two redacted copies and one non-redacted copy have been submitted on paper via hand delivery to the Secretary's Office, two non-redacted copies have been submitted for hand delivery to Mr. Charles Tyler of the Telecommunications Access Policy Division, and a redacted copy has also been filed via the Electronic Comment Filing System.

If you have any questions, please do not hesitate to contact the undersigned.

Sincerely,

Salvatore Taillefer, Jr.

Counsel to MoKan Dial, Inc.

CC:

Mr. Charles Tyler, Telecommunications Access Policy Division, Wireline Competition Bureau

Law Offices

## BLOOSTON, MORDKOFSKY, DICKENS, DUFFY & PRENDERGAST, LLP

2120 L STREET, NW WASHINGTON, DC 20037

AFFILIATED SOUTH AMERICAN OFFICES

HAROLD MORDKOFSKY
BENJAMIN H. DICKENS, JR.
JOHN A. PRENDERGAST
GERARD J. DUFFY
RICHARD D. RUBINO
MARY J. SISAK
D. CARY MITCHELL

SALVATORE TAILLEFER

(202) 659-0830 FACSIMILE: (202) 828-5568 ESTUDIO JAUREGUI & ASSOCIATES
BUENOS AIRES, ARGENTINA

EUGENE MALISZEWSKYJ DIRECTOR OF ENGINEERING

June 30, 2015

ARTHUR BLOOSTON 1914 - 1999

writer's contact information sta@bloostonlaw.com 202-828-5562

### VIA HAND DELIVERY

Marlene H. Dortch, Secretary Federal Communications Commission 445 12<sup>th</sup> Street, S.W. Washington, DC 20554

RE:

Form 481 - Carrier Annual Reporting Data Collection, 2015

WC Docket No. 14-58

Dear Ms. Dortch:

Pursuant to §0.457 and §0.459 of the Commission's rules, MoKan Dial, Inc. (the "Company"), by its attorneys, hereby requests that certain materials and information be withheld from public inspection. Specifically, the Company requests confidential treatment of the Progress Report on the Five Year Service Quality Improvement Plan (the "Plan" or "confidential information") attached to its Form 481 filing.

In support of its request for confidential treatment and pursuant to the requirements under § 0.459(b) of the Commission's rules, the Company states the following:

1. Identification of the specific information for which confidential treatment is sought.

The Company seeks confidential treatment of the Progress Report on the Five Year Service Quality Improvement Plan, attachment 112 to the Form 481 filing accompanying this letter, which contains sensitive financial information about the Company as well as information about the Company's projected network improvements and upgrades for voice and broadband services during the period from 2015 through 2019.

2. Identification of the Commission proceeding in which the information was submitted or description of the circumstances giving rise to the submission.

The documents are being submitted as part of the annual Eligible Telecommunications Carrier Report (Form 481) mandated by section 54.313 of the Commission's rules.

3. Explanation of the degree to which the information is commercial or financial, or contains a trade secret or is privileged.

The data described is highly confidential and sensitive commercial and financial information which constitutes trade secrets or sensitive commercial and financial information that "would customarily be guarded from competitors," and is therefore exempted from mandatory disclosure under FOIA Exemption 4 and Section 0.457(d) of the Commission's rules.<sup>2</sup>

4. Explanation of the degree to which the information concerns a service that is subject to competition,

The Plan relates to voice and broadband services provided by the Company that are subject to competition from competitive local exchange carriers, cable television system operators, electric power utilities, fixed and mobile wireless service providers, and/or satellite carriers.

5. Explanation of how disclosure of the information could result in substantial competitive harm.

Disclosure of the confidential information is likely to result in substantial competitive harm to the Company because the confidential information could provide competitors with commercially sensitive insights related to the Company's operations, service offerings, and costs.

6. Identification of any measures taken by the submitting party to prevent unauthorized disclosure.

The Company does not make the Progress Report on the Five Year Service Quality Improvement Plan or any of the information contained therein publically available in any way and further limits internal access to key employees subject to strict non-disclosure obligations.

7. Identification of whether the information is available to the public and the extent of any previous disclosure of the information to third parties.

The Company does not make the confidential information available to the public and it has not previously allowed disclosure of the confidential information to third parties that are not otherwise bound by confidentiality obligations.

<sup>&</sup>lt;sup>1</sup> *Id.* § 0.457(d)(2). <sup>2</sup> 5 U.S.C. § 552(b)(4): 47 C.F,R. § 0.457(d).

8. Justification of the period during which the submitting party asserts that the material should not be available for public disclosure.

The confidential information should be treated as confidential for an indefinite period, as the Company will always be subject to competition and the competitive harms associated with the disclosure of the confidential information.

In order to provide adequate protection from public disclosure, the Commission should strictly limit distribution of the confidential information within the Commission on a "need to know" basis and not allow any distribution outside of the Commission. In the event that any person or entity outside the Commission requests disclosure of the confidential information, the Company requests that it be so notified immediately so that it can oppose such request or take other action to safeguard its interests as it deems necessary.

Please direct any questions regarding this submission to the undersigned.

Respectfully submitted,

Salvatore Taillefer, Jr.

Counsel for

MoKan Dial, Inc.

Oh/6 Cortrol No. 3000 3986/Oh/2 Control No. 3660 0819 July 2013 FCC Form 481 - Carrier Annual Reporting Data Collection Form 421807 <010> Study Area Code MORAN DIAL INC-MO <015> Study Area Name 2016 <020> Program Year Contact Name: Person USAC should contact <030> Amanda Molina with questions about this data <035> Contact Telephone Number: 9044037533 ext. Number of the person identified in data line <030> <039> Contact Email Address: Email of the person identified in data line <030> Completion Completion ANNUAL REPORTING FOR ALL CARRIERS Required Required : (check hos when complete) <100> Service Quality Improvement Reporting (complete attached workshoet) <200> Outage Reporting (voice) (complete attached workshees) <210> - check box if no outages to report <300> Unfulfilled Service Requests (voice) <310> Detail on Attempts (voice) (attach des giptive document) 0 <320> Unfulfilled Service Requests (broadband) <330> Detail on Attempts (broadband) (attack descriptive document) Number of Complaints per 1,000 customers (voice) <400> 0.0 <410> Fixed Mobile 0,0 <420> <430> Number of Complaints per 1,000 customers (broadband) Fixed <440> <450> Mobile 0.0 Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification) <500> 421807mo510.pdf <510> (ottocked descriptive document) <600> Functionality in Emergency Situations attached descriptive document) <610> <700> Company Price Offerings (voice) <710> Company Price Offerings (broadband) (complete attached worksheet) <800> Operating Companies and Affiliates (complete attached worksheat) <900> Tribal Land Offerings (Y/N)? If yes, complete attached worksheet <1000> Voice Services Rate Comparability Certification (attach descriptive document) <1010> <1100> Certify whether terrestrial backhaul options exist (Yes or No) (if not, check to Indicate certification) <1110> (complete attached worksheet) (complete attached worksheet) <1200> Terms and Condition for Lifeline Customers Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet including Rate-of-Return Carriers affiliated with Price Cop Local Exchange Carriers <2000> (check to Indicate certification) <2005> (complete attached worksheet) Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet <3000> (check to Indicate certification) <3005> (complete attached worksheet)

Page 1

	rvice Quality Improvement Reporting (lection Form			FCC Form 481 OMB Control No. 3060-0986/OMB C July 2013	ontrol No. 3060-0819
<010>	Study Area Code	421807			
<015>	Study Area Name	MOKAN DIAL INC-MO		٠	Y SELECTION OF THE PROPERTY OF
<020>	Program Year	2016			
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina			
<035>	Contact Telephone Number - Number of person Identified in data line <030>	9044037533 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@cownes.net			
<110>	Has your company received its ETC certification from the FCC?	(yes / no ) O	<b>o</b>		
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no ) O	0		
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	421807mo112.; company is a	pdf	20	ē.
	Please select the appropriate responses below (Yes, No, Not Applicable) to confi that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall it submitted at the wire center level or census block as appropriate.	e-year	N	ame of Attached Document	
<113>	Maps detailing progress towards meeting plan targets	Yes			
<114>	Report how much universal service (USF) support was received	Yes			
<115>	How much (USF) was used to improve service quality and how support was used to impro	ove service quality Yes			
<116>	How much (USF) was used to improve service coverage and how support was used to imp	prove service coverage Yes		20	
<117>	How much (USF) was used to improve service capacity and how support was used to imp				
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	Yes			
-					

FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	421807
<015>	Study Area Name	MCKAN DIAL INC-MO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Awanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9044037523 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolinaStownes.net

	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<54>	<c1></c1>	<c2></c2>	<d>&gt;</d>	<e></e>	<f></f>	<g>&gt;</g>	<h></h>
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
_											V	
	0000											
-												
										····		
						-						
					9							***************************************
H					1				-			
			(3.2)									
-												
							11811 V					
				:								
-					<u> </u>							

Data Coll	ection Form	ciuding Volce Rate D					(b)	C Form 481i MB Control No. 3060-0586/0N (y/2013-)	18 Control No. 3050-0819					
<010>	Study Area Co	de			421807									
<015>	Study Area Na	me			MOKAN DIAL	INC-MO								
<020>	Program Year				201€									
<030>	Contact Name	- Person USAC should	d contact regard)	ng this data	Amanda Mol	ina								
<035>	Contact Telep	hone Number - Numb	er of person ider	rtified in data line <	030> 9044037533	9044037533 ext.								
<039>	Contact Email	Address - Email Addre	ess of person idea	ntified in data line .	<030> amplima@to	water net	//							
<701> <702>	Single State-v	ical Service Charge Eff ride Residential Local :	Service Charge		/2015	-655×								
17032	SOUTH A PROPERTY.	Sales and Sales	919/519- <b>93</b> /2001/6	the state of the s	Residential Local	Control to the Same of the Sam		Mandatory Extended Area						
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fee					
	1					40 1990 30 1990 30			ANCERE.					
					100									
(4)		,												
			-											
	<b> </b>	<del>                                     </del>												
		-		-					<del>                                      </del>					
		<del> </del>												
					See a	tached worksheet								
					02000									
		1	+			<del>                                     </del>	†							
			1											
			1											
			-				ļ		<del>                                     </del>					
						ļ	<del> </del>		1					
	L													

	Study Area Code	6-		421807	56 Vc	¥ 2.0			24
5>	Study Area Name			MORAN DIAL INC-	MO				- N
0>	Program Year	-4281min		2016	CGC .			24	
3>	Contact Name - Person USA	C should contact regarding t	nis data	Amanda Molina				-	2000
5>	Contact Telephone Numbe	- Number of person identifie	d in data line <030>	9044037539 ext.					
39>	Contact Email Address - Em	ail Address of person identifi	ed in data line <030>	amolinastownes	net				
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Action Taken When Limit Reached (select)
	1								

The second second	erating Companies ection Form				PCC Form 482 QMB Control 102 3060-0986/OMB Control No. 3060-0819 July 2013				
<010>	Study Area Code		421807		К				
<015>	Study Area Name		HOKAN DIAL T	or -wr					
<020>	Program Year		2016						
<030>		USAC should contact regarding this data	Amanda Melips						
<035>	***************************************	nber - Number of person identified in data line <030>	9044037533 ext.						
<039>		Email Address of person identified in data line <030>	amelina@tovo	aa.set					
<810>	Reporting Carrier	McKen Diel, Inc Missouri							
<811>	Holding Company	Townes Telecommunications, Inc.							
<812>	Operating Company	MoKan Dial, Inc Nissouri							
<813>		Sals		G.					
		Affiliates	2	SAC	Doing Business As Company or Brand Designation				
				<u> </u>					
			- See att	ached worksh	eet				
		ATTENDED TO THE TOTAL OF T							
			200						
				<del> </del>					
				<del>                                     </del>					
			Zimba,						
	2 0.7863/4/2018600 0 2 0.0000000000000000000000000000000		State of the state						
				4					

February Political Confession	ool Lands Reporting ection Form	FEC F6tm 481 OMB Control No. 3060-0986/CMB Control No. 3060-0819 July 2013
EU MANAGERA		July 2013
<010>	Study Area Code	421807
<015>	Study Area Name	MCKAN DIAL INC-MO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030	> amolina@townes_net
<910>	Tribal Land(s) on which ETC Serves	
<920>	Tribal Government Engagement Obligation	Name of Attached Document
If your o	company serves Tribal lands, please select (Yes, No, NA) for each these boxes	
to confi	rm the status described on the attached document(s), on line 920,	
demons	strates coordination with the Tribal government pursuant to	Select
§ 54,31	3(a)(9) includes:	Yes or No or
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	Not Applicable 1
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	A STATE OF THE STA
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
< <del>9</del> 27>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	
1077 (TEM (2))		

The state of the s	o Terrestrial Backhaul Reporting lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	421807
<015>	Study Area Name	MOKAN DIAL INC-MO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9944037533 Ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).	
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps
	e se	

Lifeline	rms and Condition for Lifeline Customers ection Form	FCC Form 481: GM3 Control No. 3060-0386/GMB Control No. 3060-0819 July 2013
<010>	Study Area Code	421807
<015>	Study Area Name	MOXAN DIAL INC-MO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Agranda Moline
<035>	Contact Telephone Number - Number of person identified in data line <030	
<039>	Contact Email Address - Email Address of person identified in data line <03	O> amolina@rownes.net
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	621607mc5210.pdf
<1220>	Link to Public Website HTTP	Name of Attached Document
	neck these boxes below to confirm that the attached document(s), on line 1210, bsite   isted, on line 1220, contains the required information pursuant to	
§ 54.422	(a)(2) annual reporting for ETCs receiving low-income support, carriers must	
annually	report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	]
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toli calls, and rates for each such plan.	<u>]</u>

(2000) Pri	e Cap Carrier Additional Documentation	FCC-Form 481
Data Colia	ction Form	OMB Control Nov 3060-6986/OMB Control Nov 3080-6819
1.47 1.07 1.07 1.07 1	nate of Return Corriers affiliated with Price Can Local Exchange Corners	
aricidoniga.	one-b)-naturn/enne-rab//moreonration-reserve-o-constanting-g-constanting	
<010>	Study Area Code	
<015>	Study Area Name	422507
<020>	Program Year	NGKAN DIAL INC-MO
<030>	Contact Name - Person USAC should contact regarding this data	2016
<035>	Contact Telephone Number - Number of person identified in data line <030>	Amanda Nollina
<039>	Contact Email Address - Email Address of person identified in data line <030>	9344037333 BAL.
		amolinatovies. Act
AND AND HOUSE	nan in en silvapun satamati Banga panda kang ang en minintan kananan ang an indiperation an artical and an art	的 对于这种的 化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基
Select the	appropriate responses below (Yes, No, Not Applicable) to note compliance as	a recipient of incremental Connect America Phase I support, frezen High Cost support, High Cost support to offset access charge reductions, and
		pation reported on this form and in the documents attached below is accurate.
	Incremental Connect America Phase I reporting	
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1)i)	
<2011a>	200 THE SECTION OF TH	
1500000000		
<20116>	Attachment (47 CFR § 54.313(b)(1)ii)	
		Name of Attached Document(s) Listing Recovered Information
		Distributed the Art of popular services and a significant of the artifaction of the address of popular.
1.0000000000000000000000000000000000000	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))	The second secon
<2012>	To 18 (19 (19 (19 (19 (19 (19 (19 (19 (19 (19	
<2013>	6 (1) - (2) - (2) - (2) - (3) - (3) - (4) -	
<2014>	2	
<2015>	2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))	
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))	
<2015>	Certification Support Used to Build Broadband	
	Company to the phase time and a series for many the	and the same of th
<2017>	Connect America Phase II Reporting (47 CFR § 54.313(e))  3rd year Broadband Service Certification	
<2018>		
<2019>		
<2020>		no 2021 contains the recuired information
	pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support s	shell provide the number, names, and
	addresses of community anchor institutions to which began providing	access to broadband service in the
	preceding calendar year.	
	The state of the s	
<2021>	Interim Progress Community Anchor Institutions	*
		h ::

(3000) Ra	nte Of Return Carrier Additional: Documentation		FCG Form 481
Data Coll	ection Form		CMB Central (No. 3060-0985/OMB Central No. 3060-0819
<b>本社区3000年</b>			
<010>	Study Area Code	421807	
<015>	Study Area Name	MOKAN DIAL INC-MO	
<020>	Program Year  Contact Name - Person USAC should contact regarding this data	2016 Amanda Molina	
<035>	Contact Telephone Number - Number of person identified in data line <030>	9044037533 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@cownes.net	
	he boxes below to note compliance on its five year service quality plan (pursual CFR § 54.315(f)(2). I further certify that ti		compliance with the financial reporting requirements set forth in 47
		421807mp3010.pdf	
(3010)	Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(i))		
		Name of Attached Document Listing Required Inform	n#tion
	Please check this box to confirm that the attached document(s), on line $\S$ 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addroproviding access to broadband service in the preceding calendar year.	3012 contains the required information pursuant to esses of community anchor institutions to which began	
		421807mq3012.pdf	
(9012)	Community Anchor Institutions (47 CFR § 54.313(f)[1)[II])		
		Name of Attached Document Listing Regulred Information	
	ls your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report	(Yes/No)     Yes/No]	36
Please	check these boxes to confirm that the attached document(s), on line 301	7, contains the required information pursuant to § 54,313(f)	(2) compliance requires:
(3015)		353	[ <b></b> ]
(3016)	Telecommunications Borrowers)  Document(s) for Balance Sheet, Income Statement and Statement of Ca	were Eleanor	
(5025)	booking to believe diest, mone diatement and determine of or	add I tows	
(3017)	if the response is yes on line 301.4, attach your company's RUS annual report and all required documentation		
	34.	Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	
factol	14 25200 17 011 10 10	(10)	
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains		
(3019)		format comparable to RUS Operating Report for Telecommunication	ans
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of (		
(3021)	PUD IV SERVER		
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54-313(f)(2),	many management and boundarion no confibrall a minimum mini-	* ************************************
	contains:		<i>₽</i>
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountants or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.		
(3023)			
(3024)	Underlying information subjected to an officer certification.	₩ ₩	
(3025)			
		421807mo3026.pdf	
(3026)	Attach the worksheet listing required information		1
	e 250 to		

A STATE OF	te Of Return Carrier Additional Obcumentation (Continued)	FCCForm 48L
Data Coll	ection Form	GM8 Cartini No; 3050-0986/0M8 Cartini No; 3050-0915/
		July 2013
-010	Study Area Code	
<010>		521807
<015>	Study Area Name	MOKAN DIAL INC-NO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person Identified in data line <030>	9041037533 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amplina@townes.net
a)(cirlativitie)	entanania proportatione de la composition de la composition de la composition de la composition de la composit	

inancial.	Doto	Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

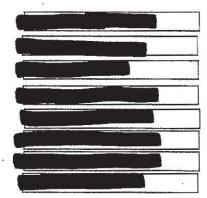
(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends



100	ion - Reporting Carrier ection Form	FCC Form #81 OMB Confrol No. 3000 0986/OMB Confrol No. 3000 0819
10 m 10 m		
<010>	Study Area Code	421807
<015>	Study Area Name	NOKAN DIAL INC-MO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person Identified in data line <030>	9044037533 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the An		
l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the anni recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is a		iversal service support
Name of Reporting Carrier: MOKAN DIAL INC-NO		
Signature of Authorized Officer: CERTIFIED ONLINE	[	Date 06/20/2015
Printed name of Authorized Officer: Deborah Nobles	50/50 0200A 10	- 2
Title or position of Authorized Officer: VP of Regulatory Affairs	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Telephone number of Authorized Officer: 9042590029 ext.		
Study Area Code of Reporting Carrier: 421807 Filing Due Date for this form:	07/01/2015	

Page 14

	ion: Agent./ Carrier ektion Form	FCC form 4c II  QMB CShtrol No. 3059-0986/QM6 Control No. 3059-0819  tiply 2018
<010>	Study Area Code	421607
<025>	Study Area Name	MOKAN DIAL INC-KO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Amanda Molina
<035>	Contact Telephone Number - Number of person identified in data line <030>	9044037533 ext.
<0395	Contact Email Address - Email Address of person identified in data line <030>	amolina@townes.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

l certify that [Name of Agent] also certify that I ism an officer of the reporting carrier; I agent; and, to the best of my knowledge, the reports an	is authorized to submit the information reported by responsibilities include ensuring the accuracy of the annual data reporting requind data provided to the authorized agent is accurate.	
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ate:
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		1,000
Telephone number of Authorized Officer:		3-04 N 52737 - 3
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Carmental of Agent Au	anonized to rile Anneas Reports for CAP of	LI Recipients on Behalf of Reporting Carrier
i, as agent for the reporting carrier, certify that I am authoris the data reported herein based on data provided by the repo		rice support recipients on behalf of the reporting corrier; I have provided the information reported horoin is accurate.
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		AND STATE OF THE S
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent of Employee of Agent:		
Title or position of Authorized Agent or Employee of Agent	Programme of The Control	
Telephone number of Authorized Agent or Employee of Agent	t	
	Filing Due Date for this form:	

Attachments

# LINE 112: PROGRESS REPORT REDACTED IN ENTIRETY

Carrier Name:

MoKan Dial, Inc. - Missouri

Carrier SPIN:

143002299

Carrier SAC: Operating State:

421807 Missouri

Line 510:

Service Quality Standards and Consumer Protection Rules Compliance for

voice and broadband services

MoKan Dial, Inc. ("MoKan" or "the Company") continues to comply with the Quality of Service Standards and Objectives established in the following rules in the Missouri Code of State Regulations ("CSR"):

4 CSR 240-32.070

Quality of Service

4 CSR 240-32.080

Service Objectives and Surveillance Levels

MoKan complies with the following federal consumer protection rules and regulations:

FCC 47 C.F.R. §§64.2001-64.2011 – Customer Proprietary Network Information ("CPNI") FTC 16 C.F.R. §681.2 – Identity Theft Red Flags and Address Discrepancies Under the Fair and Accurate Credit Transactions Act of 2003

All customer protection and disclosures established by the Fair Credit Reporting Act (15 U.S.C. §§1681, et seq.) and the Truth in Lending Act (15 U.S.C. §§1601, et seq.)

The Company has a CPNI Policy Manual detailing and enforcing the requirements of the federal CPNI rules. Each year, the CPNI Compliance Officer (1) communicates with the Company's attorneys and/or consultants regarding CPNI responsibilities, requirements and restrictions; (2) supervises the training of Company employees and agents who use or have access to CPNI; (3) supervises the use, disclosure, distribution or access to the Company's CPNI by independent contractors and joint venture partners; (4) maintains records regarding the use of CPNI in marketing campaigns; and (5) receives, reviews and resolves questions or issues regarding use, disclosure, distribution or provision of access to CPNI. The CPNI Compliance Officer certifies compliance annually with the FCC by March 1.

The Company has an Identity Theft Prevention Program ("the Program") that was approved by the Board of Directors in September 2008. The Board appointed Red Flag Coordinator is responsible for updating the Program as necessary; the day-today supervision of the Program; training Company employees regarding their responsibilities with respect to the Program; and responding to employee questions and concerns regarding identity theft or the Program. The Red Flag Coordinator is required to annually prepare an Identity Theft Prevention Program Compliance Report for the Board's approval by October 1. The Identity Theft Prevention Program Compliance Report evaluates the effectiveness of the Program; the nature and extent of the Company's service provider arrangements and their impact on the effectiveness of the Program; reports any significant incidents involving identity theft and the Company's response to such incidents; and provides recommendations to the Board for periodic reviews of the Program and the adoption of material changes and other revisions, modifications and updates to the Program.

The Company is subject to consumer protection obligations for broadband services under federal law. These obligations include, but are not limited to, the following: public disclosure of accurate information regarding network management practices, performance, and commercial terms of broadband internet access services; as a means of providing sufficient information for consumers to make informed choices regarding use of such services, and for content, application, service and device providers to develop, market, and maintain internet offerings as specified in F.C.C. 47 C.F.R. Part 8 §8.3.

Carrier Name:

MoKan Dial, Inc. - Missouri

Carrier SPIN:

143002299

Carrier SAC: Operating State:

421807 Missouri

Line 610:

Functionality in Emergency Situations for voice and broadband services

MoKan Dial, Inc. ("MoKan" or "the Company") has an Emergency Operations Plan ("EOP" or "the Plan") that addresses the requirements for continuity of service and systematic restoration of service after loss of service due to an emergency. The EOP is administered and maintained by a member of senior management of the parent company, Townes Telecommunications, Inc., and is reviewed annually to ensure that each applicable section is accurate and any changes or updates to the Plan are made on a timely basis.

An Emergency Director has been authorized to implement the provisions of the EOP. The Emergency Director conducts training with employees and is responsible for ensuring that all new employees are provided a 30 minute overview of the Plan as part of their orientation. Specific supervisory personnel receive additional intense instructions regarding special areas of the Plan.

The Plan established an Emergency Committee made up of senior management and key company personnel, who upon notification by the Emergency Director that a potential emergency exists, convene to declare an emergency, notify affected parties and assume control of restoration of service efforts.

An emergency control center is established at the Company's business office, which is equipped with a back-up power generator and a wireless telephone set. Depending upon the severity and type of emergency and the safety of the emergency location, a control center may be established at the site of the event.

In case of power outages, batteries in the central office will last on average from 4-8 hours depending on how many lines (AMP load) are served at that particular location. The stand-by generator has 24 hour diesel capacity and small generators are available to be put on smaller concentrators if power is lost. The small generators have to be refueled every few hours.

The Company's standby generators and battery back-up support both voice and broadband network equipment should an emergency situation occur.

( Table ) Transport ( T. )	ection Form	OMB Control No. 3060-1986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	421807
<015>	Study Area Name	MONAN DIAL INC-MO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Amande Moline
<035>	Contact Telephone Number - Number of person identified in data line <030>	9044027533 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amolina@hownes.net
<701>	Residential Local Service Charge Sffective Date 1/1/2015	
<702>	Single State-wide Residential Local Service Charge	
<703>		

State	<a2> Exchange (ILEC)</a2>	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
>	Freeman		FR	16.0	G.0	a, 016	0.8	16.02
							-	
_								
	10/2							
)		-	=			7.12		

Liver of Strategy	edband Price Offerings			FCC Form 481	
Service of the servic	ection Form			DMB Control No. 3060-0986/C July 2013	MB Contro (Fa. 3060-0819
<010>	Study Area Code	421007		4	
<01.5>	Study Area Name	MOKAN DIAL INC-MO			
<020>	Program Year	2016	.77.00		
<03.0>	Contact Name - Person USAC should contact regarding this data	Amanda Molina	0	(2 - 2080X/V) U	
<035>	Contact Telephone Number - Number of person identified in data line <030>	9044037533 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	amclina@townes.net			

State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees		Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
но	All	29.95	C_D	29.95	1.0	0.512	999999.0	Other, No Usage Limits
ко	All	44.95	6.0	44.95	2.0	0.512	0, 86866	Other, No Usage Limits
мо	All	69.95	0.0	69.98	4.0	1.0	999999.0	Other, No Vsage Limits
жо	A11	139.95	0.0	139.95	8.0	1.0	999999.0	Other, No Usage Limits
140	All	159.95	0.0	159.95	15.0	1.0	959999.0	Other, No Usage Limits
	·			-				
*****								
						7,77,70		
		<u> </u>						
			-				<u> </u>	
							1	

10>	Study Area Code	421807		
15>	Study Area Name :	MOKAN DIAL	IMC-NO	
20>	Program Year	2016		
30>	Contact Name - Person USAC should contact regarding this data	Amanda Mol.	îna	
035>	Contact Telephone Number - Number of person identified in data line <030>	9044037533	ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030	amolina@to	wnes.net	
40 a fil-	Reporting Carrier McKan Diel, Inc Missouri			
<810>		77	***************************************	
<811> <812>	Holding Company Towes Talecommunications, Inc.  Operating Company McKan Dial, Inc Missouri			<del></del>
	operating company	***************************************		The state of the s
<813>	King to the second seco	海洲拉西	الإنجاب الإنجاب	<b>∠</b>
	Affiliates		SAC	Doing Business As Company or Brand Designation
	Choctaw Telephone Company		421893	N/A
	Electra Telephone Company		442065	N/A
	Haxtun Telephone Company .		462190 /	N/A
	MoKan Dial, Inc Kansas		411807	N/A
	MoKan Dial, Inc Missouri		421807	N/A
	Northeast Florida Telephone Company		21.0335	NEFCOM
8	Pymatuning Independent Telephone Com	pany	170200	N/A
	Tatum Telephone Company	, , ,	442150	N/A
9	Walnut Hill Telephone Company		401729	N/A
	MoKan Communications, Inc			N/A
	NEFCOM Long Distance, Inc.			NEFCOM Communications, Inc.
	PT Communications			N/A
9				
2				
9				
			1	4

Carrier Name:

MoKan Dial, Inc. - Missouri

Carrier SPIN:

143002299

Carrier SAC: Operating State:

421807 Missouri

Line 1210:

Terms and Conditions for Lifeline Program Customers

MoKan Dial, Inc. ("MoKan" or "the Company") complies with the FCC CFR 47 §§54.4, Universal Service Support for Low-Income Customers and the Missouri 4 CSR 240-31.050, Eligibility for Funding — Low-Income Customers and Disabled Customers. The Company has developed a Lifeline Program Policy & Procedures Manual, which incorporates both the federal and state Low-Income Program requirements. Lifeline is a non-transferable retail service offering for which qualifying low-income consumers receive a \$9.25 federal discount and a \$3.50 state discount on flat rated basic local telephone service, whether it is purchased on a stand-alone basis or as part of a bundled service that includes voice and data services and optional calling features. Lifeline customers are charged a separate charge for toll calls, but are provided Toll Blocking free of charge if they elect to subscribe to the service. The Lifeline supported services are as shown below:

	MoKan Missouri	
Residence Access Line	16.00	1
Federal SLC	6.50	
Total Monthly Rate	22.50	047
Lifeline Discounts to Total Monthly Rate: Federal Flat Rate Lifeline Support		FCC 497: Lifeline Worksheet
State Lifeline Support	(3.50)	Application for Support - MUSF
Total Lifeline Service Monthly Rate	(12.75)	

#### Additional Services:

Toll Blocking is free to Lifeline customers who subscribe to this service.

The Company is required to include the Lifeline Service Program in their Local Exchange Tariff. The rates for basic local residential service are also contained in the Local Exchange Tariff and the rates for the federal SLC are included in the NECA Tariff No. 5. Changes to any of these rates must be approved by the appropriate regulatory agency.

Carrier Name:

MoKan Dial, Inc. - Missouri

Carrier SPIN:

143002299

Carrier SAC: Operating State:

421807 Missouri

Line 3010:

Milestone Certification

MoKan Dial, Inc. - Missouri ("MoKan" or "the Company"), pursuant to, and in accordance with, F.C.C. 47 C.F.R § 54.202(a) and § 54.313(f)(1)(i), hereby submits this letter of certification that the Company is taking reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 4Mbps downstream/1Mbsp upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas, and that requests for such service are met within a reasonable amount of time.

Carrier Name:

MoKan Dial, Inc. - Missouri

Carrier SPIN:

143002299

Carrier SAC:

421807

Operating State:

Missouri

Line 3012:

Data on Community Anchor Institutions

MoKan Djal, Inc. - Missouri ("MoKan" or "the Company"), pursuant to, and in accordance with, F.C.C. 47 C.F.R § 54.313(f)(1)(ii), hereby submits the number, names, and addresses of community anchor institutions to which the Company newly began providing access to broadband service in the preceding calendar year.

1. MoKan Dial, Inc. - Missouri does not have any newly served community anchor institutions to submit because all community anchor institutions are already being served.

# LINE 3026: FINANCIAL WORKSHEET REDACTED IN ENTIRETY